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November 19, 2008


Administrator, Corey Makizuru
Gem State Developmental Center
818 W 15th Street
Meridian, Idaho 83642

Dear Corey,

Thank you for submitting your Plan of Correction dated November 17, 2008. Survey and Certification has reviewed and accepted the Plan of Correction in response to the Department's Compliance Review findings. The Plan of correction indicated correction completion date of April 3, 2009. You are encouraged to continue to meet with me regularly until your completion date to assure your agency compliance. Your agency will be resurveyed to verify compliance on April 6, 2009. An entrance letter will be sent to you agency at a later date.

You can reach me if you have any questions at 208-364-1906.

Thank you;


Rebecca Fadness
Program Manager
DD Survey and Certification

Statement of Deficiencies

Developmental Disabilities Agency

Gem State Developmental Center
4GEM014-1

818 NW 15th St
Meridian, ID 83642-
(208) 888-5566

Survey Type: Recertification

Entrance Date: 10/14/2008

Exit Date: 10/17/2008

Initial Comments:

Survey Team Members: Rebecca Fadness, Medicaid Program Supervisor; Greg Miles, Medical Program Specialist; Eric Brown, Medical Program Specialist; Jill Fredrickson, Medical Program Specialist; Veronica Martinez, Clinician; Linda Keirnes, DD Supervisor; Mike Breuer, Human Services Regional Program Specialist

Observations: Participant #1 and Participant #2 were observed in training at the center. Participant #1 was engaged in copying words. After assistance from staff on the initial set-up, Participant #1 remained on-task for 10-15 minutes independently. Participant #2 was engaged in his training program of reading 100 words. He was assisted by staff on words he could not pronounce. Staff worked almost exclusively in a one-to-one capacity with him. Another participant (#9) was observed folding laundry (towels and rags). She was quite independent with this task. The Developmental Specialist and Therapy Technician followed the program implementation plans as they were written. It was noted that some of the activities seemed to be educational in nature.

Participant A was observed with positive 1:1 interaction with staff. Programs were run with participant actively involved. At one point participant was observed to enter another room and sit with Observer, at which point staff appropriately re-directed participant towards planned activity. Participant B was also observed to have positive interaction with staff, being actively involved in objectives being run. When participant left table to go into kitchen, staff followed and re-directed towards activity. Upon return participant flopped on floor. Staff was able to coax participant back to table by offering art project upon completion of current goal. Verbal and preferred task reinforcement was observed for both participants. Some other participants were seen at times wandering around facility without interaction or supervision.

The observation took place at the center towards the end of the day, when many participants were coming, going, and preparing to leave. Participants #5 and #7 were observed working in a group activity, completing a puzzle. Staff said that the group will often work on the puzzle towards the end of the day, as a way of unwinding after the day's activities. Participants #5 and #7 were interacting with both staff and other participants during the activity and seemed to enjoy it. Participant #6 was also in the room for the puzzle activity, though she was not participating. She was sitting at the table working on a worksheet (which had addition problems on it), but was also interacting with the group. It was difficult to see how Participant #6 was benefiting from completing the worksheet, other than it was something she was used to doing.

Therapist seemed to have an excellent rapport with the children. The interaction between the children and their therapist seem appropriate and positive. Although, the reinforcement was not provided as prescribed on the Program Implementation Plan (PIP), and it was mostly verbal, it seemed to be effective and the children seemed to respond positively. In addition, some of the programs for participant D were

implement although were met at the six month review.

Children were given breaks which also seemed to facilitate engagement and increase motivation to continue working. The therapists also gathered data during breaks and transition periods.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.600.01.a-d	Assessments	Effective 11/14/08, Gem State Developmental Center, Inc. (GSDC) will ensure that all comprehensive assessments (developmental therapy functional assessments) clearly address participant's needs for therapy & barriers to independence. In addition, the comprehensive assessments will guide treatment.
600.COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. Assessments must be conducted by qualified professionals defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-06)	The Comprehensive Assessment does not clearly address the Participant's barriers to independence which would delineate their individual needs for therapy and would guide their treatment.	1. What corrective action(s) will be taken? On November 1, 2008, GSDC implemented its revised Skills Acquisition Inventory Checklist (Developmental Therapy Functional Assessment Tool) to denote "any additional comments or barriers." In addition, GSDC instructed developmental specialists to consistently match the actual skill assessed, define and elaborate on the participant's functioning levels, and convey barriers driving the need for therapy in its comprehensive assessment (Developmental Therapy Functional Assessment Summary Report). Finally, GSDC instructed developmental specialists to identify the participant's relevant interests as applicable to developmental therapy (DT) in its comprehensive assessment (Developmental Therapy Functional Assessment Summary Report).
01. Comprehensive Assessments. A comprehensive assessment must: (7-1-06)	The Comprehensive Assessment consists of 2 documents, a narrative assessment and a skill acquisition inventory. The narrative assessment does not consistently match the actual skill assessed in the skill acquisition inventory.	2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? GSDC has initiated a file review of all participants. GSDC has directed the developmental specialist to review and complete a Skills Acquisition Inventory Checklist (Developmental Therapy Functional Assessment Tool) and comprehensive assessment (Developmental Therapy Functional Assessment Summary Report) on all participants.
a. Determine the necessity of the service; (7-1-06)	An example: participant #4 objectives 9.000, 25.100, 42.00042.300. No documentation that tool clearly assessed ability, narrative did not indicate a barrier to drive the need.	3. Who will be responsible for implementing each corrective action? Each respective developmental specialists.
b. Determine the participant's needs; (7-1-06)	In 4 of 8 adult participant files (#1-4) The narrative assessment is not comprehensive in that it does not always define, and elaborate on, the Participant's functioning level in a given skill area. It does not direct treatment by conveying the relative importance of that functioning level to the individual, which would/could make it a need.	
c. Guide treatment; (7-1-06)	Many of the programs currently being implemented did not have any documentation in the Comprehensive Assessment.	
d. Identify the participant's current and relevant strengths, needs, and interests when these are applicable to the respective discipline; and (7-1-06)	14 of 14 Participant files contained interests that were for the greater part, not developmental. Also, many files contained interests that were	

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	not individualized. This is a repeat deficiency.	4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? The company will utilize a checklist which includes all regulatory components. The supervising developmental specialists will review all new Skills Acquisition Inventory Checklists (Developmental Therapy Functional Assessment Tools) and comprehensive assessment (Developmental Therapy Functional Assessment Summary Reports) to ensure all components are included.	
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 2009-04-03	Administrator Initials:
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.11.600.01.d 600. COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. Assessments must be conducted by qualified professionals defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-06) 01. Comprehensive Assessments. A comprehensive assessment must: (7-1-06) d. Identify the participant's current and relevant strengths, needs, and interests when these are applicable to the respective discipline; and (7-1-06)	Assessments Many of the strengths, needs and interests listed in the Comprehensive Assessment are not relevant to the individual participant. Needs indicated, are deficits taken from the tool (inventory checklist). Some items listed as needs cannot be correlated to any actual assessment of skill. There was often a large gap in time between the skill inventory(tool) and comprehensive developmental assessment where skills were achieved, but tool was not completed again or updated. In 4 of 8 files (1-4) the strengths listed on the assessment were also listed as needs. Strengths and needs listed on the assessments were often duplicative across participants and were not individualized nor relevant to the participants developmental skills. I.e. Participant strength indicated as "holds head up", participant is an adult fully ambulatory with no deficits in this area. This information is not relevant to guide treatment. This is a repeat deficiency.	Effective 11/14/08, Gem State Developmental Center, Inc. (GSDC) will ensure that all comprehensive assessments (developmental therapy functional assessments) clearly states the participant's individualized strengths, needs, and interests as applicable to developmental therapy. On October 20, 2008, GSDC instructed developmental specialists to identify and consistently match relevant strengths, needs, and interests to applicable developmental therapy domain. In addition, GSDC instructed developmental specialists to identify and correlate the participant's relevant needs to the actual skill assessment (Developmental Therapy Functional Assessment Summary Report). Finally, GSDC instructed developmental specialists to place and utilize (as a working document) the Skills Acquisition Inventory Checklist (Developmental Therapy Functional Assessment Tool) in each participant's Individual Implementation Program (data probe) record. GSDC has initiated a file review of all participants. Effective 11/14/08, developmental specialists have been directed to review and ensure strengths, needs, and interests are placed on comprehensive assessment. Each respective developmental specialist will be responsible for implementing corrective action. See POC IDAPA 16.04.11.600.01. a-d comments, no. 4.	
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 2009-04-03	Administrator Initials: <i>CH</i>

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.11.600.01.a	Assessments	Effective 11/14/08, Gem State Developmental Center (GSDC) will ensure that comprehensive assessments (developmental therapy functional assessments) clearly states participant's type & amount of therapy rather than referring to Individual Service Plan. See POC IDAPA 16.04.11.600.01. a-d comments.	
600. COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. Assessments must be conducted by qualified professionals defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-06)	In 4 of 8 adult files (# 1-4), the Comprehensive Developmental assessment did not recommend the type and amount of therapy necessary to address the participant's needs.	On October 20, 2008, GSDC instructed developmental specialists in the Meridian Adult location to identify and consistently include type and amount of therapy in each participant's comprehensive assessment (Developmental Therapy Functional Assessment Summary Report). Likewise, GSDC instructed licensed social worker to ensure that type and amount of therapy is identified on each participant's medical social history.	
01. Comprehensive Assessments. A comprehensive assessment must: (7-1-06)	Medical/Social history did not provide a recommendation for amount of therapy for participant A & B.	GSDC has initiated a file review of all participants. Effective 11/14/08, developmental specialists/licensed social workers have been directed to review/ensure each participant's type and amount of therapy is noted on each respective comprehensive assessments. Each respective professional will be responsible for implementing corrective action. See POC 16.04.11.600.01. a-d comments, no. 4. The administrator will review medical-social histories to ensure regulatory components are included.	
e. For medical or psychiatric assessments, formulate a diagnosis. For psychological assessments, formulate a diagnosis and recommend the type of therapy necessary to address the participant's needs. For other types of assessments, recommend the type and amount of therapy necessary to address the participant's needs. (7-1-06)			
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		Data to be Corrected: 2009-04-03	Administrator Initials: <i>CH</i>
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.11.601.01	Assessments	Effective 11/14/08, Gem State Developmental Center, Inc. (GSDC) will ensure that all comprehensive assessments are completed or obtained prior to delivery of therapy.	
601. GENERAL REQUIREMENTS FOR ASSESSMENT RECORDS.	Also note: 16.04.11.604.05. Speech and Language Assessment. Speech and language assessments must be conducted by a Speech-Language Pathologist who is qualified under Section 420 of these rules. (7-1-06)	GSDC instructed developmental specialists to discontinue participants "C" and "#3" developmental therapy objectives 40.600 (Receptive and Expressive Language: Making Choices) and 30.000 (Mobility: Gross Motor) until a speech and physical therapy assessment is completed or obtained.	
01. Completion of Assessments. Assessments must be completed or obtained prior to the delivery of therapy in each type of service. (7-1-06)	For participant C, the comprehensive assessment must be completed prior to the delivery of therapy. The IPP was developed on 06/09/08 and developmental assessment was completed 08/28/08.	GSDC has initiated a file review of all participants. Effective 11/14/08, developmental specialists are directed to review and ensure each participant's developmental therapy objective	
	Participant # 3 has objective 40.600 in place to		

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	address speech needs, no documentation of speech assessment in file. Participant #4 Objective 30.000 to walk for 20 minutes. No PT assessment in file. No indicated need for developmental therapy. This is a repeat deficiency.	is within its specialty domain and service type. Any developmental therapy (DT) objectives outside its specialty domain will be discontinued. Each respective developmental specialists will be responsible for implementing corrective action. The supervising developmental specialists will review all developmental therapy objectives to ensure that objectives are within its type of service (developmental therapy).		
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 2009-04-03		Administrator Initials: <i>CH</i>
Rule Reference/Text	Category/Findings	Plan of Correction (POC)		
16.04.11.601.03.a-f 601.GENERAL REQUIREMENTS FOR ASSESSMENT RECORDS. 03. Psychological Assessment. A current psychological assessment must be completed or obtained: (7-1-06) a. When the participant is receiving a behavior modifying drug(s); (7-1-06) b. Prior to the initiation of restrictive interventions to modify inappropriate behavior(s); (7-1-06) c. Prior to the initiation of supportive counseling; (3-30-07) d. When it is necessary to determine eligibility for services or establish a diagnosis; (7-1-06) e. When a participant has been diagnosed with mental illness; or (7-1-06) f. When a child has been identified to have a severe emotional disturbance. (7-1-06)	Assessments Child participant E and adult participants #1 and #2 files did not contain a current psychological assessment when they are currently taking behavior modifying drug(s). Child participant F did not contain a current psychological assessment when a current behavior plan is in file. This is a repeat deficiency.	Effective 11/14/08, Gem State Developmental Center, Inc. (GSDC) will ensure that all participants currently taking behavior modifying medication(s) and on a restrictive behavior plan will have a current psychological assessment. On November 3, 2008, GSDC instructed the licensed psychologist to complete a psychological assessment on participants "E" and "F," respectively. GSDC has initiated a file review of all participants to identify participants currently taking behavior modifying medication(s) and on a restrictive behavior plan. Effective 11/14/08, administrator and licensed social worker are coordinating participant's availability and scheduling with licensed psychologist to complete psychological assessments on applicable participants. Administrator and licensed social worker will identify, develop a psychological assessment schedule, and monitor monthly. Administrator, licensed social worker, and licensed psychologist will be responsible for implementing corrective action. Administrator will update the DHW on completion status and review (monthly) to ensure all regulatory components are met.		
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 2009-04-03		Administrator Initials: <i>CH</i>

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.11.602.01	Assessments	Effective 11/14/08, Gem State Developmental Center (GSDC) will ensure that all applicable participants will have a current assessment or update at least annually for service areas in which the participant is receiving services on an on-going basis.	
602. REQUIREMENTS FOR CURRENT ASSESSMENTS. Assessments must accurately reflect the current status of the participant. (7-1-06)	2 of 6(A,B) child participants and #1 and#2 adult Participant files were missing psychological assessments.	On November 3, 2008, GSDC instructed the licensed psychologist to complete a psychological assessment or update on participants "A," "B," "1," and "2," respectively. GSDC contacted physical therapist and scheduled a physical therapy assessment for participant #1. In addition, GSDC contacted participants' #2 and #6 to obtain medical assessment. GSDC has initiated a file review of all participants. Effective 11/14/08, administrator & licensed social worker are responsible to identifying all applicable participant's assessment or update for service areas in which the participant is receiving services on an on-going basis and scheduling the assessment, accordingly. Administrator will update the DHW on completion status and review (monthly) to ensure all regulatory components are met.	
01. Current Assessments for Ongoing Services. To be considered current, assessments must be completed or updated at least annually for service areas in which the participant is receiving services on an ongoing basis. (7-1-06)	Participant #1 did not have a current Physical therapy assessment. Participant #2 and #6 did not have a current medical assessment. This is a repeat deficiency.		
Scope and Severity: Widespread / No Actual Harm - Potential for More Than Minimal Harm		Date to be Corrected: 2009-04-03	Administrator Initials: CH
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.11.602.03	Assessments	Effective 11/14/08, Gem State Developmental Center, Inc. (GSDC) will ensure that medical-social histories contain the frequency for the update rather than recognizing that medical-social histories are updated annually.	
602. REQUIREMENTS FOR CURRENT ASSESSMENTS. Assessments must accurately reflect the current status of the participant. (7-1-06)	For participant D, the medical social assessment did not recommend the frequency for an update.	GSDC instructed licensed social worker to recommended assessment frequency on participant D's medical-social history.	
03. Medical/Social Histories and Medical Assessments. Medical/social histories and medical assessments must be completed at a frequency determined by the recommendation of a professional qualified to conduct those assessments. (7-1-06)		GSDC has initiated a file review of all participants. Effective 11/14/08, licensed social worker will be reviewing and updating all medical-social histories. Administrator and licensed social worker are coordinating and scheduling to complete medical-social histories on applicable participants. Licensed social worker will be responsible for implementing corrective action. Administrator will update the DHW on completion status and review (monthly) to ensure all regulatory components are met.	
Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 2009-04-03	Administrator Initials: CH

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Rule Reference/Text	Category/Findings	Plan of Correction (PAC)	
16.04.11.604.06	Assessments	Effective 11/14/08, Gem State Developmental Center, Inc. (GSDC) will ensure that medical assessments are completed or obtained in compliance to IDAPA 16.04.11.604.06.	
604. TYPES OF COMPREHENSIVE ASSESSMENTS.	For participant's A, B, E and F, no medical assessments were found on file.	GSDC instructed the contracting physician to complete medical assessments on participants "A," "B," "E," and "F," respectively. GSDC has scheduled medical assessments, accordingly. In addition, GSDC has initiated a file review of all participants. Administrator and licensed social worker are identifying all applicable participants that need a medical assessment.	
06. Medical Assessments. Medical assessments must be completed by a physician or other practitioner of the healing arts who is qualified in accordance with Section 420 of these rules and accurately reflects the current status and needs of the person. (7-1-06)	Participant F, no medical assessment, only a physician letter stating diagnosis. Participant E, no medical assessment, only a physician letter stating diagnosis.	Administrator and licensed social worker will identify, develop a medical assessment schedule, and monitor monthly. Administrator, licensed social worker, and physician will be responsible for implementing corrective action. The administrator will review (monthly) and ensure all regulatory components are met. Physician is scheduled to conduct medical assessments, accordingly.	
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 2009-04-03	Administrator Initials: <i>CH</i>
Rule Reference/Text	Category/Findings	Plan of Correction (PAC)	
16.04.11.701.01.a-c	Eligibility	Effective 11/14/08, Gem State Developmental Center, Inc. (GSDC) will ensure that medical assessments are completed or obtained in compliance to IDAPA 16.04.11.701.01. a - c. In addition, see comments on IDAPA 16.04.11.601.03. a - f; IDAPA 16.04.11.604.602.01; and IDAPA 16.04.11.604.06	
701.REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM.	Also refer to: 16.04.11.701.02 Intake. The DDA must obtain information that accurately reflects the current status and needs of the participant prior to the delivery of services. (7-1-06) a. The person must have been determined by the DDA to be eligible for DDA services. (7-1-06)	GSDC instructed the contracting physician and psychologist to complete a medical assessment and psychological assessment on participants "A," "B," "E," and "F," respectively. In addition, GSDC has initiated a file review of all participants. Effective 11/14/08, licensed social worker is identifying all applicable participants that need a current medical assessment & psychological assessment. Effective immediately, GSDC will no longer utilize letter from physicians or outside supporting documentation other than medical/psychological assessments.	
Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06)	4 of 6 child Participant files reviewed did not contain documentation to support that eligibility was established.		
01. Eligibility Determination. Prior to the delivery of any DDA services, the DDA must determine and document the participant's eligibility in accordance with Section 66-402, Idaho Code.	For participant E, the file contained several evaluations, but none included a developmental disability diagnosis. A letter from a physician stating a developmental disability condition was		

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<p>For eligibility determination, the following assessments must be obtained or completed by the DDA: (7-1-06)</p> <p>a. Medical Assessment. This must contain medical information that accurately reflects the current status of the person and establishes categorical eligibility in accordance with Section 66-402(5)(a), Idaho Code; or (7-1-06)</p> <p>b. Psychological Assessment. If the medical assessment does not establish categorical eligibility, the DDA must obtain or conduct a psychological assessment that accurately reflects the current status of the person and establishes categorical eligibility in accordance with Section 66-402(5)(a), Idaho Code. (7-1-06)</p> <p>c. Standardized Comprehensive Developmental Assessment. This must contain developmental information regarding functional limitations that accurately reflects the current status of the person and establishes functional eligibility based on substantial limitations in accordance with Section 66-402(5)(b), Idaho Code. (7-1-06)</p>		<p>found on file, however, no initial assessment was found to support diagnosis.</p> <p>For participant F, the file did not include sufficient documentation to support a closely related condition. No psychological evaluation or IQ score where found.</p> <p>This is a repeat deficiency.</p>		<p>Administrator and licensed social worker will be responsible for implementing corrective action. The administrator will review (monthly) and ensure all regulatory components are met. Physician and licensed psychologist are scheduled to conduct respective assessments, accordingly.</p> <p>Administrator will update the DHW on completion status and review (monthly) to ensure all regulatory components are met.</p>
Scope and Severity:		Widespread / No Actual Harm - Potential for Minimal Harm		<p>Date to be Corrected: 2009-04-03</p> <p>Administrator Initials: CH</p>
Rule Reference/Text		Category/Findings		Plan of Correction (PCC)
16.04.11.701.04.c		Individual Program Plan		Effective 11/14/08, Gem State Developmental Center, Inc. (GSDC) will ensure that all Individual Program Plans clearly state the participant's frequency of services rather than referring to each Individual Implementation Plan.
701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06)		Frequency of services was not described on the IPP for any of 6 of 6 child participants.		As per IDAPA 16.04.11.601, GSDC has instructed developmental specialists to complete another comprehensive assessment (Developmental Therapy Functional Assessment Summary Report) and indicate all regulatory requirements. Upon completion of comprehensive assessments, revised Individual Program Plans will be completed.
04. Individual Program Plan (IPP) Definitions. The delivery of each service on a plan of service must be defined in terms of the type, amount, frequency, and duration of the service. (7-1-06)				GSDC has initiated a file review on all Individual Program Plans. Each respective developmental specialist will be responsible to submit (assessment) information to administrator. Effective
c. Frequency of service is the number of times				

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service is offered during a week or month. (7-1-06)				11/14/08, the administrator will generate Individual Program Plans and ensure all required components are met, accordingly.	
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 2009-04-03		Administrator Initials: CH	
Rule Reference/Text		Category/Findings		Plan of Correction (PCC)	
16.04.11.701.05.a 701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06) 05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06) a. The IPP must be developed following obtainment or completion of all applicable assessments consistent with the requirements of this chapter.		Individual Program Plan Baseline assessments were not included on the IPP for participant A & B. For participant C, the IPP was not completed prior to the completion of all assessments. The developmental evaluation was completed on 08/28/08 and IPP was developed on 06/09/08.		Effective 11/14/08, GSDC will ensure that developmental therapy (DT) assessments are completed or obtained prior to developing Individual Program Plans. As per IDAPA 16.04.11.601, GSDC has instructed developmental specialists to complete or update comprehensive assessment (Developmental Therapy Functional Assessment Summary Report) prior to generating Individual Program Plan. Upon review of record, GSDC erroneously developed an Individual Program Plan prior to the completion of participant C's developmental assessment date. Documentation error was noted. GSDC has initiated a file review on developmental assessments corresponding Individual Program Plans. Effective 11/14/08, each respective developmental specialist will be responsible to submit (assessment) information to administrator. The administrator will generate Individual Program Plans, and ensure all required components are met, accordingly.	
Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 2009-04-03		Administrator Initials: CH	
Rule Reference/Text		Category/Findings		Plan of Correction (PCC)	
16.04.11.701.05.b 701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these		Individual Program Plan Participant A's IPP contained signature from the PCS provider. Parent signature was missing and no documentation was found to indicate that the PCS provider has authority to approve treatment plan.		Effective 11/14/08, Gem State Developmental Center, Inc. (GSDC) will ensure that parental or legal guardian signature is noted on all new Individual Program Plan, prior to initiation of any services identified on the Individual Program Plan as per IDAPA 16.04.11.701.05. b.	

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<p>rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06) 05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06)</p> <p>b. The planning process must include the participant and his parent or legal guardian, if applicable, and others the participant or his parent or legal guardian chooses. The participant's parent or legal guardian must sign the IPP indicating their participation in its development. The parent or legal guardian must be provided a copy of the completed IPP. If the participant and his parent or legal guardian are unable to participate, the reason must be documented in the participant's record. A physician or other practitioner of the healing arts and the parent or legal guardian must sign the IPP prior to initiation of any services identified within the plan, except as provided under Subsection 700.02.b.ii. of these rules. (7-1-06)</p>		<p>Participant B's IPP did not contain parent signature.</p> <p>For participants F, C, and D, the Implementation Program Plan (IPP) was not signed by the parent prior to the delivery of services.</p> <p>For participants F and C, the parent signature was missing.</p> <p>For participant D, the IPP was developed 03/26/08 and parent signed the plan on 05/30/08.</p>		<p>As per IDAPA 16.04.11.601 and 16.04.11.701.05. b., GSDC has instructed developmental specialists to complete or update comprehensive assessment (Developmental Therapy Functional Assessment Summary Report) prior to generating Individual Program Plan. In addition, prior to initiating services identified within the Individual Program Plan, the parent or legal guardian will sign the Individual Program Plan.</p> <p>GSDC has initiated a file review on developmental assessments which corresponds to Individual Program Plans.</p> <p>Effective 11/14/08, GSDC will generate new Individual Program Plans on all participants under age 17. Each respective developmental specialist will be responsible to submit (assessment) information to administrator prior to initiation of new services. The administrator will generate Individual Program Plans, accordingly, for respective signatures.</p> <p>GSDC will utilize a checklist which includes all regulatory components. The administrator will review all Individual Program Plans prior to initiation of any services to ensure all components are included and completed. The information will be part of GSDC Quarterly Quality Assurance Review.</p>
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 2009-04-03		Administrator Initials: <i>CH</i>
Rule Reference/Text	Category/Findings	Plan of Correction (POC)		
16.04.11.701.05.e.i	Individual Program Plan	Effective 11/14/08, GSDC will ensure that all Individual Program Plans indicate the accurate diagnosis.		
701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM.	Participant A's IPP indicated Mild Mental Retardation. However psychological report indicated diagnosis of autism. No diagnostic records indicating Mental Retardation as a diagnosis was found in file.	Upon review of participant A's Individual Program Plan, GSDC erroneously indicated mental retardation rather than Autism. Individual Program Plan has been corrected.		
Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06)		As per IDAPA 16.04.11.701, GSDC has conducted a file review and will generate new Individual Program Plans, accordingly. Effective 11/14/08, Individual Program Plans will indicate the accurate (supported by diagnostic records) diagnosis. See IDAPA 16.04.11.601.03. a - f and IDAPA 16.04.11.501.05. b		

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<p>05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06)</p> <p>e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are ageappropriate. The IPP must include: (7-1-06)</p> <p>i. The participants name and medical diagnosis; (7-1-06)</p>		<p>The administrator will be responsible to ensure generated Individual Program Plans are accurate, accordingly.</p> <p>Effective 11/14/08, GSDC will utilize a checklist which includes all regulatory components. The administrator will review all Individual Program Plans prior to initiation of any services to ensure all components are included and completed. The information will be part of GSDC Quarterly Quality Assurance Review.</p>	
Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 2009-04-03	Administrator Initials: <i>CH</i>
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.11.701.05.e.iv	Individual Program Plan	Effective 11/14/08, Gem State Developmental Center, Inc. (GSDC) will ensure that all Individual Program Plans reflect the amount and frequency of therapy as indicated in IDAPA 16.04.11.701.05. e. iv.	
701.REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06)	For participant D, the amount and frequency of the therapy provided was not concurrent with the amount of therapy specified on the IPP. The amount of therapy billed per week averaged at a higher deviation rate than the twenty percent 20% specified by rule.	Upon review of participant D's Individual Program Plan, effective 11/14/08, GSDC will develop a new Individual Program Plan to accurately reflect that the amount of therapy billed per week will not deviate from the IPP more than twenty percent (20%) over a period of four weeks.	
05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06)		As per IDAPA 16.04.11.701, GSDC has conducted a file review. As previously stated, GSDC will develop new individual Program Plans, accordingly. Effective 11/14/08, Individual Program Plan will accurately indicate the amount of therapy billed per week and will not deviate from the IPP more than twenty percent (20%) over a period of four weeks. If services deviate from the 20%, there will be documentation of a participant-based reason.	
e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are ageappropriate. The IPP must include: (7-1-06)		The administrator will be responsible to ensure Individual Program Plans accurately correspond to therapy billed, accordingly. The administrator will periodically review therapy billed to ensure that services meet regulatory requirements.	

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iv. The type, amount, frequency and duration of therapy to be provided. For developmental therapy, the total hours of services provided cannot exceed the amount recommended on the plan. The amount and frequency of the type of therapy must not deviate from the IPP more than twenty percent (20%) over a period of a four (4) weeks, unless there is documentation of a participant-based reason; (7-1-06)			
Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 2009-04-03	Administrator Initials: CH
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.11.701.05.e.v. 701.REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06) 05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06) e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are ageappropriate. The IPP must include: (7-1-06) v. A list of the participant's current personal goals, interests and choices; (7-1-06)	Individual Program Plan In four of the files reviewed, the IPP did not contain a list of participant current goals, interests and choices. Participant E, the IPP did not include choices. Participant F, the IPP did not include goal and choices Participant C, the IPP did not include goals and choices Participant D, the IPP did not include choices, it also did not include review dates for the objectives.	Effective 11/14/08, Gem State Developmental Center, Inc. (GSDC) will ensure that all Individual Program Plans indicate the participant's goals, interests, and choices as indicated in IDAPA 16.04.11.701.05. e. v. Upon review of participants C, D, E, and F's Individual Program Plan, GSDC will develop new Individual Program Plans to accurately reflect goals, interests, and choices. See previously stated POC IDAPA 16.04.11.600. As the comprehensive assessments are completed, with goals, interests, and choices, the information will be placed on the Individual Program Plan. As per IDAPA 16.04.11.701, GSDC has conducted a file review. As previously stated, effective 11/14/08, GSDC will develop Individual Program Plans, accordingly. Each new Individual Program Plan will accurately indicate relevant goals, interests, choices, and review dates for the objectives. The administrator and director of children and family services will be responsible to ensure Individual Program Plans accurately correspond to identified goals, interests, choices, and review dates, accordingly. The administrator will periodically review Individual Program Plans to ensure that services meet regulatory requirements.	
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Rule Reference/Text	Category/Findings	Plan of Correction (PCC)	
16.04.11.703.02	Program Implementation Plan	Effective 11/14/08, GSDC will ensure that all Individual Implementation Plans indicate the participant's goals, interests, and choices as indicated in IDAPA 16.04.11.703.02	
703. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of service. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. If the Program Implementation Plan is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. The Program Implementation Plan must include the following requirements in Subsections 703.01 through 703.07 of this rule: (7-1-06)	Many programs had only 1 baseline measurement for multiple objectives. (This was specific to the Meridian adult location participants #1-4) It was not possible to correlate the 1 baseline measurement, to any particular objective.	On October 20, 2008, GSDC instructed developmental specialists to review all written baseline statements to ensure written accuracy as pre-intervention data or annual data and correlates to task being measured. Effective 11/14/08, developmental specialists have been instructed to minimize collecting data on multiple tasks within the overall objective to ensure baseline statement score correlated to the specific developmental therapy objective being addressed. If data is collected on multiple tasks, within the overall objective, then baseline statement scores will correlate to the specific task. GSDC developmental specialists will refine each baseline statement to better identify the individual's current level of ability to complete a task independently, pre-intervention or annual data or discontinue the DT objective. Accurate baseline statements will be placed on each Individual Implementation Plan(s).	
02. Baseline Statement. A baseline statement addressing the participant's skill level and abilities related to the specific skill to be learned. (7-1-06)	For Participant's A & B, the PIP did contain baseline documentation; however this was formulated over "the last 5 data trials", and not reflective of a true baseline. In 12 of the files reviewed (participants 1-8, C-F), the baselines addressing participant's skill level were not accurate. In several objectives, the percentage of progress was below the baseline. Objectives also included baselines of 0 percent, and 100 percent.	Supervising developmental specialists are responsible to periodically review baseline statements to ensure accuracy and correlation to training task being measured. GSDC will utilize its Quality Assurance Quarterly review accuracy and measurability.	
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 2009-04-03	Administrator Initials: <i>CH</i>
Rule Reference/Text	Category/Findings	Plan of Correction (PCC)	
16.04.11.703.03	Program Implementation Plan	Effective 11/14/08, GSDC will ensure that all Individual Implementation Plans indicate clear and behaviorally measurable statements as indicated in IDAPA 16.04.11.703.03	
703. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of service. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs	Participant objectives are written with ambiguous terms that cannot be measured accurately. Those terms included: focused on task, practice something, appropriate, complete manner. The definition for each of those terms, can be subjective from person to person providing the training.	On October 20, 2008, GSDC instructed developmental specialists to review all Individual Implementation Plans and remove all ambiguous terms and replace with behaviorally measurable terms. Effective 11/14/08, developmental specialists will collect baseline data before objectives are established and implemented. Baseline information will be established on the Skills Acquisition Inventory Checklist (Developmental Therapy	
	Also, many child participant PIP's seemed to contain an inaccurate baseline therefore the objectives are not measurable (refer to 703.02).		

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<p>change. If the Program Implementation Plan is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. The Program Implementation Plan must include the following requirements in Subsections 703.01 through 703.07 of this rule: (7-1-06)</p> <p>03. Objectives. Measurable, behaviorally-stated objectives that correspond to those goals or objectives previously identified on the required plan of service. (7-1-06)</p>	<p>--010.DEFINITIONS -- A THROUGH O. For the purposes of these rules, the following terms are used as defined below: Objective. A behavioral outcome statement developed to address a particular need identified for a participant. An objective is written in measurable terms that specify a target date for completion, no longer than one (1) year in duration, and include criteria for successful attainment of the objective. (7-1-06)</p> <p>Also, the criteria does not include the 'time' for measurement i.e. 6 of 10 trials for 6 consecutive months (suggesting 6 trials are run over a 6 month period).</p> <p>This is a repeat deficiency.</p>	<p>Functional Assessment Tool)</p> <p>In addition, effective 11/14/08, the established criteria will be changed to clearly reflect the standard measurement or test to determine by which the developmental therapy objective can be judged, such as successful at 6 of 10 trials per session, two sessions per week, for six consecutive week or ten trials per month, success at least six trials, over a six consecutive month period.</p> <p>GSDC has conducted a review of all Individual Implementation Plans. Effective 11/14/08, developmental specialists are responsible to ensure that all Individual Implementation Plans do not contain ambiguous terms and criterion. DT objectives will be behaviorally measurable and with clear criterion.</p> <p>The supervising developmental specialists will periodically review Individual Implementation Plans to ensure that plans meet regulatory requirements.</p>	
	<p>Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm</p>		
	<p>Date to be Corrected: 2009-04-03 Administrator Initials: CH</p>		
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.11.703.04	Program Implementation Plan	Effective 11/14/08, GSDC will ensure that all Individual Implementation Plans indicate clear and behaviorally measurable statements as indicated in IDAPA 16.04.11.703.04	
703. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of service. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs	<p>Program instructions in Participant files did not include set up and intervention strategies to promote skill acquisition which would assure that a 'teaching moment' occurs rather than cueing and reinforcement.</p> <p>Often the instructions seemed to address data gathering instructions, and did not contain enough information to carry out the programs. In addition, the PIP did not include detail instructions on the response if the child does not</p>	<p>All direct training staff were directed to access standardized curriculums, interventions strategies, task analyses, activity schedules, cueing hierarchy, modelling, shaping, forward and backward chaining techniques, such as the Idaho Training Cooperative and Department of Health and Welfare's Developmental Specialist working with children ages 3 to 17 Student/Trainer Manual. In addition, GSDC developed additional intervention strategies which encourages and</p>	

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change. If the Program Implementation Plan is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. The Program Implementation Plan must include the following requirements in Subsections 703.01 through 703.07 of this rule: (7-1-06) 04. Written Instructions to Staff. These instructions may include curriculum, interventions, task analyses, activity schedules, type and frequency of reinforcement and data collection including probe, directed at the achievement of each objective. These instructions must be individualized and revised as necessary to promote participant progress toward the stated objective. (7-1-06)	exhibit the desired behavior. Also, the frequency of reinforcement was not specific. This is a repeat deficiency.	<p>facilitates skill development. Effective 11/14/08, developmental specialists are responsible to review all Program Implementation Plans to ensure Individual Implementation Plans contain sufficient written instructions to maximize and systematically guide skill development.</p> <p>Effective immediately, GSDC will provide additional and ongoing training to all direct training staff towards setting up intervention strategies and accommodate teachable moments for the participants.</p> <p>The supervising developmental specialists will periodically review Individual Implementation Plans to ensure that plans meet regulatory requirements.</p>		
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 2009-04-03		Administrator Initials: <i>CH</i>
Rule Reference/Text 16.04.11.704.01.b 704.PROGRAM DOCUMENTATION REQUIREMENTS. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. (7-1-06) 01. General Requirements for Program Documentation. For each participant the following program documentation is required: (7-1-06) b. Sufficient progress data to accurately assess the participant's progress toward each objective; and (7-1-06)	Category/Findings Program Documentation (data/progress) In the child files reviewed (C-F), there was insufficient progress data to accurately assess the participant's progress towards each objective. In addition, the criteria for success were not specific.	Plan of Correction (POC) Effective 11/14/08, Gem State Developmental Center, Inc. (GSDC) will ensure that Program Documentation is sufficient and adequate as per IDAPA 16.04.11.704.01. b. See POC comments on IDAPA 16.04.11.703.03.		
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 2009-04-03		Administrator Initials: <i>CH</i>

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.11.704.01.c	Program Documentation (data/progress)	Effective 11/14/08, Gem State Developmental Center, Inc. (GSDC) will ensure that Program Documentation is sufficient and adequate as per IDAPA 16.04.11.704.01. b. See POC comments on IDAPA 16.04.11.703.02 and IDAPA 16.04.11.703.03.	
704.PROGRAM DOCUMENTATION REQUIREMENTS. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. (7-1-06)	Also refer to: 700.REQUIREMENTS FOR A DDA PROVIDING SERVICES TO PERSONS EIGHTEEN YEARS OF AGE OR OLDER AND ISSH WAIVER PARTICIPANTS. 05.	As per finding, participant programs data showed multiple months of percentages below baseline, and there was no documentation that it was addressed. See comments on 16.04.11.703.02 (baseline). Developmental specialists will review all Individual Implementation Plans and ensure any baseline discrepancies are noted. Effective 11/14/08, revisions and/or changes will be made when criteria is met or revisions are necessary. The need for revisions as well as criteria accomplishment revisions will be documented on the status review.	
01. General Requirements for Program Documentation. For each participant the following program documentation is required: (7-1-06)	Documentation of Plan Changes.	Immediately, participant D's six month review and signed by developmental specialist.	
c. A review of the data, and, when indicated, changes in the daily activities or specific implementation procedures by the qualified professional. The review must include the qualified professional's dated initials. (7-1-06)	Documentation of changes in the required plan of service or Program Implementation Plan must be included in the participant's record. This documentation must include, at a minimum, the reason for the change, the date the change was made, and the signature of the professional making the change complete with date, credential, and title. If there are changes to a Program Implementation Plan that affect the type or amount of service on the plan of service, an addendum to the plan of service must be completed. (7-1-06)	GSDC will provide additional and ongoing training to all direct training staff towards baselines, criteria, program changes, signatures on provider status reviews, and other individual Implementation Plan components.	
	Participant programs data showed multiple months of percentages below baseline, and there was no documentation that it was addressed.	The developmental specialists will be responsible to periodically review Individual Implementation Plans to ensure that plans meet regulatory requirements.	
	Also, changes were not made when it was clearly indicated (Participant #3 met criteria on programs 22.000 and 25.100 in 3/08, but there was no revision to the programs until 9/08).		
	The need for revision as well as criteria accomplishment revisions were not clearly documented on the status review (documentation not sufficient to address progress).		
	Also for participant D, the dated initials of the person assessing progress were not included on the IP's. In addition, the six month review was not signed by the DS.		

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		This is a repeat deficiency.	
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 2008-11-14	Administrator Initials: <i>cl</i>
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.11.705 705.RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-06)	Participant Records Participant records did not include the signature of the individual providing the service (corrected at time of survey).	Effective 11/14/08, Gem State Developmental Center, Inc. (GSDC) will ensure that participant records contain signatures of the individual providing the service rather than initials. At the time of survey, GSDC completed a developmental therapy paraprofessional and professional signature record that identified all existing developmental therapy paraprofessionals and professionals. The signature record will be copied and filled in each participant's case record, under the developmental therapy service report section. Effective 11/14/08, at the time of employment of any new developmental therapy paraprofessionals and professionals, the company's designee (personnel division) will obtain signature and place a copy of the signature record in each participant's case record, as stated above. The administrator is responsible to ensure that signature records are properly obtained and recorded. Administrator will regularly meet with senior secretary and senior developmental specialist to review personnel records.	
16.04.11.705 705.RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the	Participant Records All Participant records did not indicate time of service. For participant's A & B the case notes did not indicate the date, time, and duration, and type of services. Some documentation was found on	Gem State Developmental Center, Inc. (GSDC) will ensure that participant records contain time of service as per IDAPA 16.04.11.705 GSDC developed a new form (which combined a couple of documents) to clear identify and reflect when each	


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individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-06)		one form, others on another. Neither billing form or data sheets provided for each form of documentation in and of themselves.		developmental therapy objective is being provided, each day and each week. Effective 11/14/08, developmental specialists are responsible to ensure that time records indicate that developmental therapy objectives are being provided, accordingly. Administrator will regularly meet with senior secretary and senior developmental specialist to review time records.
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 2008-12-01		Administrator Initials: <i>CH</i>
Rule Reference/Text	Category/Findings	Plan of Correction (POC)		
16.04.11.705.01.a 705.RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-06) 01. General Records Requirements. Each participant record must contain the following information: (7-1-06)	Participant Records For participant F, the Healthy Connection referral was not updated. HC was dated 03/28/07.	Effective 11/14/08, Gem State Developmental Center, Inc. (GSDC) will ensure that participant records contain current Healthy Connections referral, as per IDAPA 16.04.11.705.01. a. GSDC has corrected the deficient finding on participant F. GSDC will conduct a file review to ensure that all Healthy Connection referrals are current. Senior secretary is responsible to ensure that all Healthy Connection referrals are current. Administrator will regularly meet with senior secretary and senior developmental specialist to review Healthy Connection referrals, renewal schedules, and protocols towards obtaining and filing the information. Administrator will utilize its quarterly Quality Assurance review for currency.		

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a. An order by a physician or other practitioner of the healing arts for each DDA service the participant is receiving on an ongoing basis; (7-1-06)			
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Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.11.705.01.c	Participant Records	Effective 11/14/08, Gem State Developmental Center, Inc. (GSDC) will ensure that participant records contain a clean (without data probes) copy of the initial or revised Individual Implementation Plans rather than placing the documents solely in the participant's developmental therapy objectives manual (therapy book).	
01. General Records Requirements. Each participant record must contain the following information: (7-1-06)	The Participant record did not contain the program implementation plans in adult participants 1-4.	As per PCO comments on IDAPA 16.04.11.703, upon review and completion of revising each Individual Implementation Plan, if needed, copies of the Individual Implementation Plans will be placed in the participant's case record.	
c. Program Implementation Plans, program documentation and monitoring records that comply with all applicable sections of these rules: (7-1-06)		Effective 11/14/08, developmental specialists are responsible to send the administrative office copies of each Individual Implementation Plan within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. If the Program Implementation Plan is not completed within this time frame, the participant's records will contain participant-based documentation justifying the delay	
		The senior secretary is responsible to ensure that Individual Implementation Plans are records properly. Administrator will regularly meet with senior secretary and senior developmental specialist to review participant records and protocols towards obtaining and filing the information.	
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 2009-04-03	Administrator Initials: <i>CH</i>

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)		
16.04.11.705.02	Record Requirements	Effective 11/14/08, Gem State Developmental Center, Inc. (GSDC) will ensure that participant case records contain a medical section tab.		
02. Case Record Organization. The case record must be divided into program and discipline areas identified by tabs, including plan of service, medical, social, psychological, speech, and developmental, as applicable. (7-1-06)	Participant A & B was missing Medical section in file.	<p>Upon review of participants A and B, the medical section tab was present in (both) school-age participants from Nampa Children and Family Services Program.</p> <p>GSDC will conduct file reviews and streamline participants' case records to clearly divide information by programs and disciplines.</p> <p>Senior secretary is responsible to ensure that all pertinent information is properly filed in the participant care records.</p> <p>Administrator will regularly meet with senior secretary and senior developmental specialist to review participant records and protocols towards obtaining and filing the information.</p>		
Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 2008-12-01	Administrator Initials: CH	
Rule Reference/Text	Category/Findings	Plan of Correction (POC)		
16.04.11.706	Collaboration/Consultation	Effective 11/14/08, Gem State Developmental Center, Inc. (GSDC) will ensure that participant case records contain residential habilitation service plans as per IDAPA 16.04.11.706.		
706.REQUIREMENTS FOR COLLABORATION WITH OTHER PROVIDERS. When participants are receiving rehabilitative or habilitative services from other providers, each DDA must coordinate each participant's DDA program with these providers to maximize skill acquisition and generalization of skills across environments, and to avoid duplication of services. The DDA must maintain documentation of this collaboration. This documentation includes other plans of services	Participant #1 and #2 receive Residential Habilitation services. The Participant record did not contain those service plans for collaboration purposes.	GSDC possessed or obtained residential habilitation service plans from residential habilitation providers. Developmental specialist will be responsible to obtain current residential habilitation service plans from residential habilitation agency or provider during person centered planning meetings.		
	This is a repeat deficiency.	GSDC will conduct a file review to ensure that all applicable		
	This was corrected at survey.			

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<p>such as the Individual Education Plan (IEP), Personal Care Services (PCS) plan, Residential Habilitation plan, and the Psychosocial Rehabilitation (PSR) plan. The participant's file must also reflect how these plans have been integrated into the DDA's plan of service for each participant. (7-1-06)</p>		<p>information is obtained by GSDC. In cases where plans are not current, developmental specialists will be contacting the residential habilitation provider, residential habilitation agency, or service coordinator to obtain a copy of the residential habilitation plan. Process is ongoing.</p> <p>Administrator will regularly meet with supervising developmental specialists to review collaboration requirement.</p> <p>Administrator will periodically review participants case records and protocols towards obtaining and filing the information.</p>	
<p>Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm</p>		<p>Date to be Corrected: 2008-11-14</p>	<p>Administrator Initials: <i>CH</i></p>
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
<p>16.04.11.708.01</p> <p>708.REQUIREMENTS FOR DELIVERY OF DDA SERVICES.</p> <p>01. Comprehensive Assessment and Plan Requirements. Prior to the delivery of a service, a comprehensive assessment must be completed by a professional qualified to deliver the service and it must document the participant's need for the service. All services must be included on the participant's plan of service. Program Implementation Plans must be developed for each objective listed on the plan of service. (7-1-06)</p>	<p>Assessments</p> <p>2 of 8 adult Participant files contained recommendation for Supportive counseling. The service was not implemented according to the recommendation and there was no plan of service in the Participant's file.</p> <p>2 of 6 child Participant files contained Comprehensive Developmental Assessments that were completed prior to the IPP.</p> <p>This is a repeat deficiency.</p>	<p>Effective 11/14/08, Gem State Developmental Center, Inc. (GSDC) will ensure that all comprehensive assessments and plan requirements are in place prior to the delivery of services.</p> <p>GSDC will conduct a file review of all assessments and cross reference authorized services on the participants' Individual Service Plan. Services must be placed on Individual Service Plan prior to service delivery. In cases where recommendations for service are denied, proper documentation will be made on respective assessment report.</p> <p>As previously stated, upon review of record, GSDC erroneously developed an Individual Program Plan prior to the completion of participant C's developmental assessment date. Documentation error was noted. The second child participant will be identified.</p> <p>See POC comments on IDAPA 16.04.11.601.01. and IDAPA 16.04.11.701.05.a</p>	

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16.04.11.711.03 711.DEVELOPMENTAL THERAPY. Developmental therapy services must be delivered by Developmental Specialists or paraprofessionals qualified in accordance with these rules, based on a comprehensive developmental assessment completed prior to the delivery of developmental therapy. (7-1-06) 03. Tutorial Activities and Educational Tasks are Excluded. Developmental therapy does not include tutorial activities or assistance with educational tasks associated with educational needs that result from the participant's disability. (7-1-06)	Developmental Therapy Implementation plan's included programming as written is educational and therefor excluded. In four of the child participant files reviewed, the treatment objectives included educational tasks. For participant F, the PIP included programs for writing own name and number concepts. For participant E and C, the PIP Included number concept programs that addressed multiplication, addition and subtraction. For Participant D, the PIP included a number concept program. In Adult files, Participant #3 had a counting program (2,000). Participant #2,#7 had programs to correctly complete math problems and to read a minimum of 100 words. Observation of therapy revealed Participant #9 completing a worksheets with addition concepts that has is educational and has no functional application as delivered.	Effective 11/14/08, Gem State Developmental Center, Inc. (GSDC) will ensure that developmental therapy services are not tutorial activities or educational task (worksheets) but rather functional activities which facilitates skill development, as per IDAPA 16.04.11.711.03. Upon review of participants C, D, E, F, #2, #3, #7, and #9, the developmental specialists will ensure that writing name and identifying numbers are based on practical and functional skill development concepts and outcome based. GSDC will provide ongoing training on "what is" and "what is not" developmental therapy. All tutorial activities and educational tasks (worksheets) will be discontinued. Developmental specialists will be responsible to ensure that all training activities are developmental therapy. The developmental specialists will be responsible to regularly meet with developmental therapy paraprofessionals to review, offer appropriate training activities instructions, and feedback, accordingly. In addition, supervising developmental specialists will conduct periodic observations to ensure all activities are clearly functional, applicable, and outcome based.		
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Rule Reference/Text	Category/Findings	Plan of Correction (POC)		
16.04.11.900.01.d	QA Program	Effective 11/14/08, Gem State Developmental Center, Inc. (GSDC) will ensure skill training activities are conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate.		
900.REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-06)	Participant programs are addressed in a setting that is either a substitute setting, or not the natural setting of where that programming would normally occur.	The supervising developmental specialist met and reviewed the finding with participant #4 and residential habilitation provider. When told that she could no longer "receive training on cooking," all were disappointed and repetitively asked to continue the activity. The specific developmental therapy activities which are used to facilitate capability of independent living and self-direction will be discontinued. Applicable notification and documentation will be made.		
01. Purpose of the Quality Assurance Program. The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure: (7-1-06)	For example: Participant #4 was receiving training on cooking (she receives Residential Habilitation services which would be the appropriate service to address that in her home). Participant #3 receives training for task attention at the center when he already gets that training at his volunteer job (showing that he has generalized the skill to the natural setting).	Developmental specialists will ensure that all activities at the center based environment are developmentally functional and outcome based. In cases where Skill training activities are conducted in the natural setting (where a person would commonly learn and utilize the skill) is unavailable or inappropriate, barriers will be identified on the assessment.		
d. Skill training activities are conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate; and (7-1-06)	During center observation, it was observed participants doing laundry, washing dishes which are skills appropriate for the home environment.	Supervising developmental specialists will be responsible to conduct periodic observations to ensure all activities are clearly developmental therapy, functional and outcome based. Administrative personnel will utilize ongoing direct observation to monitor to ensure activities are developmental therapy.		
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16.04.11.900.02.c	QA Program	Effective 11/14/08, Gem State Developmental Center, Inc. (GSDC) will ensure that all regulatory components per IDAPA 16.04.11.900.02. c. are met.		
900.REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-06)	As evidenced by deficiencies cited, the agency Quality Assurance program has not being implemented to assure deficiencies are identified and corrected in a timely manner. There was a clear difference in comprehensive developmental assessment compliance and quality between the nampa center and boise center for adults. It was not clear that training and compliance standard was the same across	See POC comments regarding IDAPA 16.04.11.600.01 (comprehensive developmental therapy assessments). GSDC will provide additional and ongoing training to all developmental specialists regarding comprehensive assessments. All treatment facilities will meet all regulatory		
02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-06)				
c. A system to ensure the correction of problems				

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identified within a specified period of time; (7-1-06)	the offices.	requirements consistently and effectively. Administrator is responsible to ensure that all developmental specialists are consistently across therapeutic locations.	
		Supervising developmental specialists will be responsible to ensure that each respective developmental specialist is fulfilling all required components. Administrator will periodically review comprehensive assessments to ensure that assessments meet regulatory requirements.	
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16.04.11.900.02.d 900.REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-06) 02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-06) d. A method for assessing participant satisfaction; and (7-1-06)	QA Program For 2007 Plan of Correction GSDC specified "effective November 1, 2007, instituted a policy change, which directs his designee to administer a satisfaction questionnaire to a sample of participants on a quarterly basis". The policy did not indicate this change. Policy was revised at time of survey. There was no documentation of satisfaction assessed in the past year for the 14 Participants sampled. Administrator indicated a random sample is chosen, no organized method in place as an assurance. The participants satisfaction did not appear to be a effective proactive assessment of satisfaction. This is a repeat deficiency.	Effective 11/14/08, Gem State Developmental Center, Inc. (GSDC) will ensure that a method for assessing participant satisfaction is in place towards meeting IDAPA 16.04.11.900.02. d. Prior to November 4, 2008, GSDC completed forty-six participant satisfaction questionnaires. Effective 11/14/08, GSDC will change its practice from selecting a random sample size of four to five participants per quarter to at least 80% of all participants per year. GSDC will initiate participation satisfaction questionnaires, annually. Policy will change to reflect such process. Licensed social worker is responsible to ensure that participation satisfaction questionnaires are completed, accordingly. the Administrator will periodically review the participation satisfaction questionnaires to ensure information is meeting rule intent and corrective actions, if any, will take place.	
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16.04.11.905.02.e	Participant Rights	Effective 11/14/08, Gem State Developmental Center, Inc. (GSDC) will ensure that a method for assessing participant satisfaction is in place towards meeting IDAPA 16.04.11.905.02. e.	
905. PARTICIPANT RIGHTS. Each DDA must ensure the rights provided under Sections 66-412 and 66-413, Idaho Code, as well as the additional rights listed in Subsection 905.02 of this rule, for each participant receiving DDA services. (7-1-06)	Participant #2 was observed 'taking out' trash from a therapy room. Staff cued the participant by asking if he had done his chores. Program 6.200-Participant #2 "will independently: Mon.-Mop, Tue.-Windows, Wed.-Garbage, Thur.-Sweep".	On November 3, 2008, the supervising developmental specialist met and reviewed the findings with participants #2 and #9. When told that they could no longer "do his chores" or "fold laundry," they were disappointed and repetitively asked to continue the activity. The specific developmental therapy activities which are used to facilitate economic self-sufficiency and self-direction will be discontinued. Applicable notification and documentation will be made.	
02. Additional Participant Rights. The agency must also ensure the following rights for each participant: (7-1-06)	Participant # 9 was observed folding laundry and appeared to be involved in a complete laundry washing activity.	Developmental specialists will ensure that all activities at the center based environment are developmentally functional and outcome based. Supervising developmental specialists will be responsible to conduct periodic observations to ensure all activities are clearly developmental therapy, functional and outcome based. Administrative personnel will utilize ongoing direct observation to monitor to ensure activities are developmental therapy.	
e. Refuse to perform services for the agency. If the participant is hired to perform services for the agency the wage paid must be consistent with state and federal law; (7-1-06)	The program implementations observed were activities in which Participants seemed to be performing unpaid services for the agency which would otherwise require the agency to pay the Participant.		
	This is a repeat deficiency.		
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16.04.11.905.03.c	Participant Rights	Effective 11/14/08, Gem State Developmental Center, Inc. (GSDC) will ensure a method for assessing participant satisfaction is in place towards IDAPA 16.04.11.900.02. d.	
905. PARTICIPANT RIGHTS. Each DDA must ensure the rights provided under Sections 66-412 and 66-413, Idaho Code, as well as the additional rights listed in Subsection 905.02 of this rule, for each participant receiving DDA services. (7-1-06)	GSDC's Plan of Correction (2007) stated " Any case records without a signed Review of Policies and Procedures, which contains a review of rights. The Licensed Social Worker will contact the respective party, explain the extenuating circumstances, verbally explain their rights, and request a signed Policy Review verification. A signed Policy Review verification will be filed in the participant's case record.	GSDC modified its Informed Rights form to specific that right was verbal explained. Prior to November 4, 2008, seventy-eight participants were verbally explained of their rights. GSDC will continue such practice until all participants, that were admitted prior to January 2008, are verbally informed	
03. Method of Informing Participants of Their Rights. Each DDA must ensure and document that each person receiving services is informed			

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<p>16.04.11.915.08</p> <p>915. POLICIES REGARDING DEVELOPMENT OF SOCIAL SKILLS AND APPROPRIATE BEHAVIORS. Each DDA must develop and implement written policies and procedures that address the development of participants' social skills and management of inappropriate behavior. These policies and procedures must include statements that: (7-1-06)</p> <p>08. Written Informed Consent. Ensure that programs developed by an agency to assist participants with managing inappropriate behavior are conducted only with the written informed consent of the participant and guardian where applicable. When programs used by the agency are developed by another service provider the agency must obtain a copy of the informed consent. (7-1-06)</p>	<p>Policies and Procedures</p> <p>For participant C, the behavior plan was dated 01/31/08. No written informed consent signed by parent.</p>	<p>Effective 11/14/08, Gem State Developmental Center, Inc. (GSDC) will ensure that maladaptive behavior plans will contain signature of parent or legal guardian as per IDAPA 16.04.11.915.08.</p> <p>GSDC will re-contact participant C's legal guardian (representative from the Department of Health and Welfare) and obtain signature.</p> <p>GSDC will conduct a review of all maladaptive behavior plans and ensure that parental or legal guardian signature is obtained.</p> <p>In cases where written informed consent cannot be obtained by parent or legal guardian, GSDC will discontinue formal programs to assist the participant with managing inappropriate behaviors.</p> <p>Supervising developmental specialists are responsible to ensure written consent is obtained prior to implementation of formal maladaptive behavior plan. Administrator will conduct a file review to ensure written consent is obtained, accordingly.</p>	

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Date to be Corrected: 2009-04-03

Administrator Initials: *CS*

Administrator Signature (confirms submission of POE):

Carol T. Zafra

Date: 2008-11-19

Team Leader Signature (signifies acceptance of POE):

Deborah J. Holman

Date: 11/19/08